



Harassment/Bullying Incident Report Form

Date:

Time:

Room/Location of the Incident:

Student(s) Initiating Bullying/Harassment:

Name:

Name:

Grade:

Grade:

Gender:

Gender:

Student(s) Affected:

Name:

Name:

Grade:

Grade:

Gender:

Gender:

Type of Harassment alleged:

Racial:

Religious:

Sexual:

Other:

Check all spaces below that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Threatening | <input type="checkbox"/> Inappropriate gesturing |
| <input type="checkbox"/> Demeaning comments | <input type="checkbox"/> Writing/graffiti | <input type="checkbox"/> Damaging property |
| <input type="checkbox"/> Taunting/ridiculing | <input type="checkbox"/> Hitting/kicking | <input type="checkbox"/> Inappropriate touching |
| <input type="checkbox"/> Cyberbullying | <input type="checkbox"/> Spitting | <input type="checkbox"/> Intimidation/extortion |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Stalking | <input type="checkbox"/> Shoving/pushing |
| <input type="checkbox"/> Staring/leering | <input type="checkbox"/> Flashing a weapon or threatening of a weapon | |

Describe the incident:

Witnesses Present:

Physical evidence:

Graffiti Website Notes Video/audio recording

Email Other

Student affected had the opportunity to write a narrative and

1) it is attached or 2) declined. (circle one)

Student initiating bullying/harassment had the opportunity to write a narrative and

1) it is attached or 2) declined. (circle one)

Please turn in this form to Principal's Office.

False accusations of bullying or harassment will be subject to disciplinary action